EXHIBIT C

SIGN and print the name and title, if any of the creditor prether person authorized to file this claim (attach copy of power of attorney if any

USA CMC

Case 06-10/25-gwz Doc 8856-	3 <u>Entered 08/07/11 14:</u>	07:58 Page 3 of 12
UNITED STATES BANKRUPTCY COURTS OF MEYADA	PROOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Number	Schedule/Claim ID s32349
USA Commercial Mortgage Company	06-10725-LBR	Amount/Classification
OOA Commercial Mortgage Company	00-10/25-EBH	\$25 903 59 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers		
This form should not be used to make a claim for an administrative exp		
arising after the commencement of the case A 'request for payment administrative expense may be filed pursuant to 11 U S C § 503	of an aware that anyone else has filed a proof of claim relating	The emplithe reflected shave competitive using claim as
Name of Creditor and Address	to your claim Attach copy of statement giving particulars	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If
1132124000	02168	you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file
RICHARD Z EVANS	Check box if you have never received any notices	this proof of claim EXCEPT as stated below
10409 SUMMERSHADE LN RENO, NV 89521 5168	from the bankruptcy court or BMC Group in this case	If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be
	Check box if this address	filed
	differs from the address on the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (7) 852-3414	envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor Check here repla	COS
6283	Check here lepia	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree benefits as defined in 11 U S	C § 1114(a) M Unremitted principal
Goods sold Personal injury/wrongful death	Wages, salaries, and compensation	(fill out below) Other claims against servicei (not for loan balances)
☐ Services performed ☐ Taxes ☐ Money loaned ☐ Other (describe briefly)	Last four digits of your SS #	· · · · · · · · · · · · · · · · · · ·
Cities (describe briefly)	Unpaid compensation for services pe	
2 DATE DEBT WAS INCURRED 5 (10) 0 5	3 IF COURT JUDGMENT, DATE	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describe your claim and state the amou	nt of the claim at the time case filed
See reverse side for important explanations	SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) you	our claim Check this box if y	our claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your	r claim is a right of setoff)	
entitled to priority UNSECURED PRIORITY CLAIM	Brief description o	
Check this box if you have an unsecured claim all or part of which is	Real Estate	Motor Vehicle Other
entitled to priority	Value of Collatera	\$
Amount entitled to priority \$		nd other charges <u>at time case filed</u> included in
Specify the priority of the claim		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		ard purchase lease or rental of property or 1 or household use 11 U S C § 507(a)(7)
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		vernmental units 11 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4)	Other Specify applicable par	agraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		stment on 4/1/07 and every 3 years thereafter need on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	127,379,41 \$ 25	903 59 \$ 152,328,00
AT TIME CASE FILED (unsecured)	(secured)	(pnonty) (Total)
Check this box if claim includes interest or other charges in addition to the	e principal amount of the claim Attach ite	emized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred	• •	• ,
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts court judgments, mortgages, security and DOCUMENTS If the documents are not available explain. If the	agreements and evidence of perfection	n of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	ŕ	,
The original of this completed proof of claim form must be sen		
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or		
governmental units)		ì
BMC Group	BY HAND OR OVERNIGHT DELIVERY TO BMC Group	EN ED INION 1 4 ZUUD
	Attn USACM Claims Docketing Center 1330 East Franklin Avenue	FILED 140 4 T T T T
	El Segundo CA 90245	
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorned)	creditor or other person authorized to file	
11 10 06 Rubard 3 2mm	Kichard Z Evons	USA CMC
The state of the s	VICTOR 7 INDUS	1072501438

Cas	e 06-10725-awz Doc 885	6-3-F	ntered 08/07/11-14:	07:58 Pa	ac 4 of 12
* 7 * - 1 * 1 * 5 * 4 * 2 * 5 * 4 * 2 * 5 * 6 * 6 * 6 * 6 * 6 * 6 * 6 * 6 * 6	3 200000	PRO	OF OF CLAIM	l l l l	9 · • ·
Name of Debtor		Case Nu	mber		
This form should not be used arising after the commencement	113212410013	t of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have		
TRUST DATE	ED 6/28/00 IA FERGUSON TRUSTEE PLACID DR	į	never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DEI If you have aire Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number	715 355-9388		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or	other number by which creditor identifies	s debtor	Check here replain or fithis claim amer	 a previously 	filed claim dated
1 BASIS FOR CLAIM		Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes		salaries and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned	Other (describe briefly)		compensation for services pe	rformed from	to
2 DATE DEBT WAS INCUR	RED AIM Check the appropriate box or boxes the		OURT JUDGMENT, DATE C		
See reverse side for important	t explanations		SECURED CLAIM		
UNSECURED NONPRIORI				our claim is secu	red by collateral (including
Check this box if a) there is exceeds the value of the prentitled to priority	s no collateral or lien securing your claim or li operty securing it or if c) none or only part of	b) your claim your claim is	a right of setoff) Brief description of		ou o, constant (monetaning
UNSECURED PRIORITY CL	AIM		Real Estate		Other
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Value of Collateral		
Amount entitled to priority	\$				at time case filed included in
Specify the priority of the ci			secured claim if any		
Wages salaries or commit	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ssions (up to \$10 000) earned within 180 day	-	Up to \$2 225* of deposits tow services for personal family of	or household use 1	1 U S C § 507(a)(7)
business whichever is earl	tcy petition or cessation of the debtor's lier 11 U S C § 507(a)(4)		Taxes or penalties owed to go Other Specify applicable par	ragraph of 11 USC	§ 507(a) ()
Contributions to an employ	ree benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju with respect to cases comme		
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	·	150,0			\$ 150,000 + IN
1	(unsecured) udes interest or other charges in addition to	•	secured) amount of the claim Attach ite	(pnonty) emized statement ((Total) of all interest or additional charges
7 SUPPORTING DOCUI	of all payments on this claim has been or MENTS <u>Attach copies of supporting do</u> cts court judgments, mortgages, security cuments are not available explain if the	o <i>cuments</i> , s y agreemen	uch as promissory notes pur ts and evidence of perfection	rchase orders, inv n of lien DO NC	roices itemized statements of
8 DATE-STAMPED COP proof of claim	To receive an acknowledgment of	the filing of	your claim enclose a stampe	ed self-addressed	d envelope and copy of this
ACCEPTED) so that it is	pleted proof of claim form must be se s actually received on or before 5 00 p by (including individuals, partnerships	om, prevaili , corporatio	ng Pacific time, on Novemb	ind Dec 14	THIS SPACE FOR COURT USE ONLY 96
Attn USACM Claims Doo	cketing Center	BMC Gro Attn US	อนp ACM Claims Docketing Cente		
P O Box 911 El Segundo CA 90245-0	911		st Franklin Avenue ndo CA 90245		LED DEC 0 7 2006
DATE	SIGN and print the name and title if any of this claim (attach copy of power of att				
12/6/06 Pensity for amount on the	t claim is a fine of up to \$500 000 or imprisoni	ment for in to	Swars or hoth 1911SC SE	152 AND 2571	USA CMC
i ariany ioi prasanting iraudulan	colain is a mis or up to 4000 000 or imprisoni	onvior up to	o Jeens or both 10030 88	102/110 00/1	1072501742

FORM B10 (Official Form 10) (10/05)

	iai i omi roj (rorooj					
UNITED STATES	BANKRUPTCY COURT	Dis	TRICT OF	Nevada		PROOF OF CLAIM
Name of Debtor	JSA Commercial Mortgage Company	Case	Number 06	6-10725-LBR		. 1,051 G, OE HH
	hould not be used to make a claim for an admini- uest for payment of an administrative expense ma				nent	
Name of Creditor (dubtor owes money Michae	The person or other entity to whom the or property) el John Goodwin	else you	has filed a r claim Ating particula		g to nt	
Name and address Michael Goodw 555 Yellow Pine		not	ces from th	ou have never receive te bankruptcy court is te address differs from	this	
Reno, NV 8951 Telephone number	775 849-3636	add the	ress on the court.	envelope sent to you		THIS SPACE IS FOR COURT USE ONLY
identifies debtor	account or other number by which creditor		ck here v ns claum	replaces amends a previou	sly filed	claim dated. 12/7/06
✓ Money ☐ Persona ☐ Taxes	sold s performed		Wang Las	tree benefits as definges salaries, and continued to four digits of your point compensation for the compensation (date)	npensati SS # or service	on (fill out below)
✓ Other - 2. Date debt w	as incurred 2001	3.	If court	judgment, date ob	tained	
Check this be be your claim exceed part of your claim exceed priority. Check this be entitled to priority. Amount entitled to Specify the priority of Domestic supp. (a)(1)(B) Wages salaries days before filing obusiness whicheve	ox if you have an unsecured claim all or part of v	which is	Amound secured Up to \$2,2 or service § 507(a)(' Taxes or products are	of setoff) rief Description of Col Real Estate	oliateral Motor V \$ <u>unki</u> er charge 574 21 ard purce, or hou- ernment agraph o	etucie Other————————————————————————————————————
5 Total Amou	nt of Claim at Time Case Filed.	1	505,538 (unseque)			505,538 20
Check this box interest or addi	if claim includes interest or other charges in ad- tional charges.	dition to tl			. Attach	nority) (Total) itemized statement of all
6. Credits The making this pro-	e amount of all payments on this claim has beer of of claim	credited	and deducte	ed for the purpose of	T	HIS SIMCE IS FOR COURT USE ONLY
orders invoices agreements and documents are i	ocuments: Attach copies of supporting documents temized statements of running accounts control evidence of perfection of lien. DO NOT SEN not available, explain. If the documents are volus Copy. To receive an acknowledgment of the fi	acts, court ID ORIGI minous a	judgments NAL DOC tach a sum	, mortgages, security UMENTS. If the mary	ı	USA CMC
addressed envel	ope and copy of this proof of claim. Sign and print the name and title, if any of file this claim (attach copy of power of atto	the credito	r or other r	•		FILED JAN 1 ° 3
1/8/07			•		F	LED JAN 12 200

2003 200 (20032) 200 (20032)					
UNITED STATES BANKRUPTCY COURT	Dis	TRICT (F NEVADA		PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE Co.					
NOTE: This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma				ent	
Name of Creditor (The person or other entity to whom the debtor owes money or property) GRA HAM FAMILY TRUST dtd 10/34/78	cise you givi	has filed r claim / ng partici		to L	
Name and address where notices should be sent ROBERT G. LEPOME 10/20 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number (702) 492-127/	noti case Che addi	ces from ck box if	you have never received the bankruptcy court in the address differs from e envelope sent to you b	this the	THIS SPACE IS FOR COURT USE CAN Y
Last four digits of account or other number by which creditor identifies debior	Che	ck here	replaces amends a previous	ly filed	claim dated
1 Rasis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other ☐ NEGLICENCE & FRAUD	ECURED 4	U W	etiree benefits as define lages, salaries and com ast four digits of your S inpaid compensation for om	pensations	on (fill out below)
2. Date debt was incurred JAN 1, 2005 TO APRIL 12, 2006	3.	If cou	rt judgment, date obti	rined-	
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$	or claim, or none or which is	Amou secure Up to \$5 or service § 507(a) Taxes or other mounts are with respectively.	Check this box if your class of setofs) Brief Description of Col Real Estate M Value of Collateral S int of arrearage and other ad claim, if any \$ 2.225* of deposits towar aces for personal, family, 0(7) r penalties owed to gove Specify applicable parage are subject to adjustment of action cases commenced	listeral lotor Vercharge rcharge rcharge rcharge rcharge rcharge rcharge rcharge rnments graph of on 4/1/0	coursed by collateral (including chicle Other————————————————————————————————————
5 Total Amount of Claim at Time Case Filed	\$	503		(pri	503808 lonty) (Total)
 Check this box if claim includes interest or other charges in additional charges. 	lition to th	е ргіпсір			
Credits: The amount of all payments on this claim has been making this proof of claim				Ti	IS SPACE IS HIR COURT US ONLY
7 Supporting Documents. Attach copies of supporting docume orders invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain if the documents are voluing. 8. Date-Stamped Copy. To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of the file this claim (attach copy of power of attornial proof of the file this claim (attach cop	acts, court TD ORIGII minous, at ling of you the creditor mey if any	yudgmen NAL DO tach a sur ir claum, or or other	ts, mortgages, security CUMENTS If the mmary enclose a stamped, self-reson authorized to a 24 1980	FLE	DEC 0 7 2006
Penalty for presenting fraudulent claim. Fine of up to \$500 000 or		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		B U.S	USA CMC 1072501541

A UNITED STATES BANKRUPECY COURT AND	PPRE	of of claim						
			YOUR CLA	IM IS SCHEDULED AS s31566				
Name of Debtor		mber	Amount/Classification					
USA Commercial Mortgage Company	06-107	25-LBR	\$3 494 91 Unsecured					
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exarising after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address GREGORY J WALCH AND SHAUNA M WALCH FAMILY TRUST DATED 11/12/04 C/O GREGORY J WALCH TRUSTEE 344 DOE RUN CIR HENDERSON, NV 89012-2704	t of an 000917	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the	scheduled by the De you agree with the ai other claim against this proof of claim EX If the amounts show Unliquidated or Dis filed If you have alrea	ed above constitute your claim as bitor or pursuant to a filed claim. If mounts set forth herein and have no he Debtor, you do not need to file KCEPT as stated below. when above are listed as Contingent, puted, a proof of claim must be dy filed a proof of claim with the BMC you do not need to file again.				
Creditor Telephone Number (702) 860 - 07 49		court	, ,	IS FOR COURT USE ONLY				
Last four digits of account or other number by which creditor identifies	debtor	Check here replain or amer	 a previously from the property of the property of	iled claim dated				
1 BASIS FOR CLAIM ☐ Goods sold ☐ Personal injury/wrongful death ☐ Services performed ☐ Taxes ☐ Money loaned to ☐ 3d parties ☐ Other (describe briefly)	Wages s	enefits as defined in 11 U S salaries and compensation of digits of your SS # compensation for services pe	C § 1114(a) (fill out below)	Unremitted principal Other claims against servicer (not for loan balances) Oreaches of service to agreement				
2 DATE DEBT WAS INCURRED See attached schedule	3 IE C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your claim.	t best describ	e your claim and state the amou SECURED CLAIM Check this box if you a right of setoff)	nt of the claim at the t	me case filed ed by collateral (including				
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		☐ Other				
Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority		✓ Real Estate Value of Collateral Amount of arrearage a	\$ 16d	Otherat time case filed included in				
Specify the priority of the claim		secured claim if any	\$					
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Up to \$2 225* of deposits towas ervices for personal family of Taxes or penalties owed to go Other Specify applicable para Amounts are subject to adjust with respect to cases comment	or household use 11 to vernmental units 11 agraph of 11 U S Costment on 4/1/07 and of	USC § 507(a)(7) USC § 507(a)(8) § 507(a) () every 3 years thereafter				
5 TOTAL AMOUNT OF CLAIM \$ \$	500,0			\$				
AT TIME CASE FILED (unsecured) ** Sec schedule Check this box if claim includes interest or other charges in addition to the charges in the charges	(s	ecured)	(pnority) emized statement of	(Total) all interest or additional charges				
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim See Schedule 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim								
The original of this completed proof of claim form must be se ACCEPTED) so that it is actually received on or before 5 00 pi for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911	m, prevailir, corporation BY HAND (BMC Groto Attn USA 1330 East	ng Pacific time, on Noveml ons, joint ventures, trusts a OR OVERNIGHT DELIVERY TO	ber 13, 2006 and	THIS SPACE FOR COURT USE ONLY				
DATE SIGN and print the name and title if any of the this claim attach copy of power of attor	ne creditor or rney if any)		Trustee	USA CMC 1072500868				

United States Bankruptcy Court	D	STRIC	T OI	Nevada		PROOF OF CLAIM	
Name of Dubtor USA CONNERCIAL NORTGAGE COMPANY		Numl		10770-11	3E		
NOTI- This form should not be used to make a claim for an administ		1					
of the case. A request for payment of an administrative expense may							
Name of Creditor (The person or other entity to whom the				ou are aware that anyon proof of claim relating			
GLOSTO ONES MONEY OF PROPERTY) ANK CUSTODIAN FOR	yo	ur clas	m Al	ttach copy of statemen			
JOHN A M HANDAL, IRA	~ ~	/ing pa leck ho		eou have never received	anv		
Name and address where notices should be sent	no	tices fi	•	he bankruptcy court in	-		
	∏ ca		x if t	he address differs from	the		
Telephone number: FSB: (702)740-4063		dress o		envelope sent to you b	у	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor iRAACC, D. 7282		eck he his cla		replaces amends a previous	ly filed	l claim, dated	
1 Rasis for Claim			Ret	aree benefits as define	d in l l	USC. § 1114(a)	
Goods sold				ges salaries, and com it four digits of your S			
Services performed Money loaned				paid compensation fo			
Personal injury/wrongful death			fro	m	to)	
Taxes See EXHIBIT A				(date)		(date)	
2. Date debt was incurred:	3.	If	cour	judgment, date obt	ined.		
DECEMBER 2005.							
4 Classification of Claim. Check the appropriate box or boxes tha	t best d	escribe	your	claim and state the ar	nount o	of the claim at the time case filed	
See reverse side for important explanations. Unsecured Nonpriority Claim \$2.53,672,92		1 -	-/	d Claim			
	claım.	x [4		theck this box if your co	laım ıs	secured by collateral (including	
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) n only part of your claim is entitled to priority							
Unsecured Priority Claim Brief Description of Collateral Real Estate Motor V							
Check this box if you have an unsecured claim all or part of which is						KNOWN	
entitled to priority \$ Amount entitled to priority \$ Amount of arrearage and other charges are claim, if any \$3,672						es at time case filed included in	
Amount entitled to priority \$	2.9Z						
Specify the priority of the claim	hase, lease, or rental of property						
Domestic support obligations under 11 USC § 507(a)(1)(A) or (a)(1)(B)			ervice)7(a)(es for personal, family, 7)	or hou	sehold use - 11 U S C	
Wages, salaries, or commissions (up to \$10,000),* carned within	L 	í		•		tal units - 11 USC § 507(a)(8)	
days before filing of the bankruptcy petition or cessation of the debto business, whichever is earlier - 11 U.S.C. § 507(a)(4)	or's ∟	ı		• • • •	•	of II USC § 507(a)()	
Contributions to an employee benefit plan - 11 U S C. § 507(a)		with	is are resp	subject to adjustment ect to cases commence	on 4/1/ d on or	107 and every 3 years thereafter r after the date of adjustment.	
5 Total Amount of Claim at Time Case Filed				72 92 \$ 253,6			
(unactured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.							
6. Credits The amount of all payments on this claim has been	credited	and d	educt	ed for the purpose of	1	THIS SPACE IS FOR COURT USE ONLY	
making this proof of claim 7 Supporting Documents: Attach copies of supporting documents.							
7 Supporting Documents: Attach copies of supporting documents orders invoices itemized statements of running accounts, contract	USA CMC						
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the							
documents are not available, explain If the documents are voluments. To recognize an asking independent of the Silve Sil	1072502285						
 Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim 							
Date Sign and print the name and title, if any, of the	- IANI 4 0 9007						
file this claim (attach copy of power of attorn	ney, it a	ny) L.M.,	HA	PNDAL	FLE	D JAN 1 2 2007	
11 James 301	,,, ,,						

FORM B10 (Official Form 10) (10/05)						
UNITED STAILS BANKRUPTCY COURT	Dist	RICT O	F Nevada	PROOF OF CLAIM		
Name of Diblor USA Commercial Mortgage Company	06		125-LBR	_		
NOTH This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense m	strative expe	ense arīsii	ng after the commencement			
of the case. A request for payment of an administrative expense in						
Name of Creditor (The person or other entity to whom the dubtor owes money or property). Jack R. Clark and	else l	has filed	you are aware that anyone a proof of claim relating to			
debior owes money or property). Jack R. Clark and Linda C. Reid, husband and wife, as joint tenants with right of survivorship		claım A	attach copy of statement lars			
Name and address where natives should be sent			you have never received an			
Name and address where notices should be sent Jack R. Clark and Linda C. Reid	case		the bankruptcy court in this			
9900 Wilhur May Pkwy #4701 Reno, NV 89524-3089			the address differs from the e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY		
Telephone humber 775 - 853 - 4754	the c	ourt.		THIS SPACE IS FOR COOKE ON ONLY		
Last four digits of account or other number by which creditor identifies debtor		k here s claum	amends a previously f	iled claim dated		
1 Basis for Claim		I	tiree benefits as defined in			
Goods sold Services performed			ages salaries and comper ist four digits of your SS #			
Money loaned		Uı	npaid compensation for se			
Personal mjury/wrongful death Taxes 4 - Full 1 A		fro	om	_ to (date)		
Other See Exhibit A	12		· · · · · · · · · · · · · · · · · · ·			
2. Date debt was incurred MM 2004	3.	If cour	rt judgment, date obtain	ed		
4 Classification of Claim Check the appropriate box or boxes to	hat best desc	enbe you	r claim and state the amou	nt of the claim at the time case filed		
Unsecured Nonpriority Claim \$ 891,016.03	l	/	ed Claim			
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	ur claim or none or	a right	of setoff)	n is secured by collateral (including		
Unsecured Priority Claim			Brief Description of Collate Real Estate Moto	eral r Vehicle Other		
Check this box if you have an unsecured claim all or part of which is Value of Collateral \$ Whknown						
Amount of arrearage and other charges at time case filed in secured claim if any \$ 11, 862.78						
Specify the priority of the claim	, i			urchase lease or rental of property		
Domestic support obligations under 11 U S C § 507(a)(1)(A) (a)(1)(B)		or servic § 507(a)	es for personal family or	household use - 11 U S C		
Wages salaries or commissions (up to \$10,000) × earned with				nental units - 11 U S C § 507(a)(8)		
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier - 11 U S C \ 507(a)(4)	tor s			th of 11 USC § 507(a)() 1/1/07 and every 3 years thereafter		
Contributions to an employee benefit plan - 11 USC § 507(a				n or after the date of adjustment		
5 Total Amount of Claim at Time Case Filed	\$.		6.03 891,016 03	891,016.03		
Check this box if claim includes interest or other charges in ad interest or additional charges.	ldition to the	unsecure principa		(pnority) (Total) ach itemized statement of all		
6 Credits The amount of all payments on this claim has been making this proof of claim	n credited ar	nd deduc	ted for the purpose of	THIS SPACE IS FOR COURT USE ONLY		
	<i>ients,</i> such a	s promis	sory notes purchase	- 10 1 4 9007		
orders invoices itemized statements of running accounts contr	acts court p	udgment	s mortgages security	D JAN II ZUU'		
agreements, and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are volu	ID ORIGIN	יתב בתי	COMPLETE D II HIE			
8 Date-Stamped Copy To receive an acknowledgment of the fi						
addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of	the creditor	or other	nerson authorized to			
file this claim (attach copy of power of atto	mey if any)	~ /			
1/0/01 A/Roch R Carl	Xu	rda	C Reid	USA CMC		

Penalty for presenting fraudylent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 US

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		ES PERCOCOTO ESTRE PARA RICT OF NEVADA	PRO	OOF OF CLAIM	r∕iÞ ägeHag	0381 01 12
	Name of Debtor:		Case Nu	mber:		
	USA Commercial N	lortgage Company	06-107	725-LBR	- -	
ŀ	This form should not be used arising after the commencen	t of Debtors and Case Numbers. d to make a claim for an administrative expends of the case. A "request" for payment be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONL	Y OWED MONEY BY A BORROWER
	Name of Creditor and			to your claim. Attach copy of statement giving particulars.	WHOSE LOAN IS	BEING SERVICED BY THE
		1132124203675 RANDALL & ALLISON	8	Check box if you have never received any notices	OF CLAIM. THIS	INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT.
	3001 SAN L	UIS COURT LINS CO 80525		from the bankruptcy court or BMC Group in this case.		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS.
	On the Taleston No. 1	(070) 402 522		Check box if this address differs from the address on the envelope sent to you by the court.	Bankruptcy Court	eady filed a proof of claim with the or BMC, you do not need to file again.
	Creditor Telephone Number	() (970) 482–5262 other number by which creditor identifies of	dobtor	Count	THIS SPAC	E IS FOR COURT USE ONLY
		other number by which creditor identifies (debior:	Check here replace or if this claim amen	a previously	filed claim dated:
ľ	1. BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
	☐ Goods sold	Personal injury/wrongful death	Wages,	salaries, and compensation (fill out below)	X Other claims against servicer
	Services performed	☐ Taxes	Last four	digits of your SS #:	·	(not for loan balances)
İ	Money loaned	Other (describe briefly)	Unpaid o	compensation for services pe	rformed from:	to
	2. DATE DEBT WAS INCUR	RRED:	13. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
٠.	4. CLASSIFICATION OF CL	AIM. Check the appropriate box or boxes that				he time case filed.
	See reverse side for importan			SECURED CLAIM (see attach	ed explanation)
	UNSECURED NONPRIORI Check this boy if: a) there is	is no collateral or lien securing your claim, or b)	your claim	_		ed by collateral (including
	exceeds the value of the p	roperty securing it, or if c) none or only part of yo	our claim is	a right of setoff).		
Ì	entitled to priority. UNSECURED PRIORITY CI	AIM		Brief description of		
ľ		an unsecured claim, all or part of which is		Real Estate	Motor Vehicle	Other
	entitled to priority.			Value of Collateral:	\$	
1	Amount entitled to priority	\$		Amount of arrearage ar secured claim, if any:		at time case filed included in
	Specify the priority of the c		_			
		ons under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) issions (up to \$10,000)*, earned within 180 days		Up to \$2,225* of deposits towa services for personal, family, o		
	before filing of the bankrup	otcy petition or cessation of the debtor's		Taxes or penalties owed to go		• • • • • • • • • • • • • • • • • • • •
١		rice - 11 U.S.C. § 507(a)(4).		Other - Specify applicable para		
	Continuations to an employ	yee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases comment	stment on 4/1/07 an	d every 3 years thereafter date of adjustment.
Ì	5. TOTAL AMOUNT OF CLA	AIM \$O \$	100,00			\$ 100,000.00
	AT TIME CASE FILED:	(unsecured)	•	ecured)	(priority)	(Total)
	Check this box if claim incl	ludes interest or other charges in addition to th	ne principa!	amount of the claim. Attach ite	mized statement o	f all interest or additional charges.
	7. SUPPORTING DOCU	of all payments on this claim has been cred MENTS: <u>Attach copies of supporting docu</u>	<i>ıments,</i> su	ch as promissory notes, pure	hase orders, inve	pices, itemized statements of
ĺ		cts, court judgments, mortgages, security a cuments are not available, explain. If the d				T SEND ORIGINAL
1		Y: To receive an acknowledgment of the			•	envelope and copy of this
	ACCEPTED) so that it is	npleted proof of claim form must be sen s actually received on or before 5:00 pm ty (including individuals, partnerships, c	ı, prevailin	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
	governmental units). BY MAIL TO:		•	OR OVERNIGHT DELIVERY TO		* ***
	BMC Group	cketing Center	BMC Gro	up .		
	Attn: USACM Claims Doo P. O. Box 911	•		CM Claims Docketing Cente t Franklin Avenue	1	
	El Segundo, CA 90245-0			do, CA 90245		
	DATE / /	SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn		other person authorized to tile	Tomos	
	11/9/06	Randall Lococo/Allison	Lococo	111111111111111111111111111111111111111	Joseph	

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		S PARKOPTO (COR)	PR	DOF OF CLAIM	∤∕ Pagge Hag	10382 OF 12
Na	me of Debtor:		Case Nu	ımber:	1	
J	USA Commercial M	fortgage Company	06-107	725-LBR		
Thi aris	s form should not be used sing after the commencem	of Debtors and Case Numbers. It to make a claim for an administrative expent of the case. A "request" for payment be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating	IF YOU ARE ONL	Y OWED MONEY BY A BORROWER
_	ame of Creditor and			to your claim. Attach copy of	WHOSE LOAN IS	BEING SERVICED BY THE
INC		Address: 1132124203675 Andall & Allison	8	statement giving particulars. Check box if you have never received any notices	OF CLAIM. THIS	INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT.
	3001 SAN LI	JIS COURT INS CO 80525		from the bankruptcy court or BMC Group in this case.		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS.
	W. T.L. b. N. J.	(070) 403 5323		Check box if this address differs from the address on the envelope sent to you by the court.	Bankruptcy Court	eady filed a proof of claim with the or BMC, you do not need to file again.
	editor Telephone Number	() (970) 482-5262 other number by which creditor identifies	dobtor	Count	THIS SPAC	E IS FOR COURT USE ONLY
		other number by which creditor identifies t	deblor.	Check here repla- if this claim amer	a previously	filed claim dated:
1. [BASIS FOR CLAIM		Retiree b	penefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
	Goods sold	Personal injury/wrongful death	Wages,	salaries, and compensation (fill out below)	X Other claims against servicer
	Services performed	☐ Taxes	Last four	digits of your SS #:	·	(not for loan balances)
D	Money loaned	Other (describe briefly)	Unpaid o	compensation for services pe	rformed from:	to
2.1	DATE DEBT WAS INCUR	RED:	13. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4. (CLASSIFICATION OF CL	AIM. Check the appropriate box or boxes that	_			he time case filed.
1	See reverse side for important			SECURED CLAIM (see attach	ed explanation)
	SECURED NONPRIORI'	s no collateral or lien securing your claim, or b)	your claim	_		red by collateral (including
	exceeds the value of the pr	roperty securing it, or if c) none or only part of you	our claim is	a right of setoff).		
LIN	entitled to priority. SECURED PRIORITY CL	AIM		Brief description of	_	
		an unsecured claim, all or part of which is		X Real Estate	Motor Vehicle	Other
	entitled to priority.			Value of Collateral:	\$	
	Amount entitled to priority	\$		Amount of arrearage ar secured claim, if any:		at time case filed included in
	Specify the priority of the cl		_			
		ns under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) ssions (up to \$10,000)*, earned within 180 days	<u> </u>	Up to \$2,225* of deposits towa services for personal, family, o		
	before filing of the bankrup	tcy petition or cessation of the debtor's		Taxes or penalties owed to go		
$ _{\Box}$		lier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable para	• .	
1	Contributions to an employ	ree benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 an	d every 3 years thereafter date of adjustment.
	TOTAL AMOUNT OF CLA	AIM \$ -0- \$	100,00			\$ 100,000.00
	AT TIME CASE FILED:	(unsecured)	•	secured)	(priority)	(Total)
	Check this box if claim incl	udes interest or other charges in addition to th	ne principa!	amount of the claim. Attach ite	mized statement o	f all interest or additional charges.
7.	SUPPORTING DOCUM	of all payments on this claim has been cred MENTS: <u>Attach copies of supporting docu</u>	<i>ıments,</i> su	ch as promissory notes, pure	chase orders, inve	oices, itemized statements of
	running accounts, contract	cts, court judgments, mortgages, security a cuments are not available, explain. If the d	agreement	s, and evidence of perfection	of lien. DO NO	T SEND ORIGINAL
8. 1		Y: To receive an acknowledgment of the			•	envelope and copy of this
	ACCEPTED) so that it is	pleted proof of claim form must be sen actually received on or before 5:00 pm y (including individuals, partnerships, c	, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
	governmental units). BY MAIL TO:		,	OR OVERNIGHT DELIVERY TO		
	BMC Group	Stating Contar	BMC Gro	up .		
	Attn: USACM Claims Doo P. O. Box 911	keting Center		CM Claims Docketing Cente t Franklin Avenue	r	
_	El Segundo, CA 90245-09			do, CA 90245		
DA	ile I (SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn		other person authorized to tite	Treas	
	11/9/06	Randall Lococo/Allison	Lococo	111111111111111111111111111111111111111	Joseph	